

ORIGINAL

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"Judges"

ADDRESS

By

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OF THE

U. S. PUBLIC HEALTH SERVICE

U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



PRESENTED TO 50TH ANNIVERSARY ANNUAL CONFERENCE OF THE
NATIONAL COUNCIL OF JUVENILE AND FAMILY COURT JUDGES

CINCINNATI, OHIO

JULY 13, 1987

GREETINGS TO HOSTS, GUESTS, FRIENDS, ETC.)

I AM VERY PLEASED TO JOIN YOU THIS MORNING, AT THIS, YOUR 50TH ANNIVERSARY CONFERENCE.

DEAN McHARDY EXTENDED A VERY CORDIAL INVITATION FOR ME TO SPEAK AND MENTIONED A NUMBER OF REASONS WHY I OUGHT TO ACCEPT. ONE REASON HE DIDN'T MENTION, BUT IT MIGHT HAVE BEEN THE KEY REASON, IS THAT I HAPPEN TO HAVE BEEN AROUND IN 1937 -- I HAD EVEN ALREADY GRADUATED FROM COLLEGE -- THAT WAS ONLY 50 YEARS AGO -- AND THEREFORE I COULD STAND HERE AT THE PODIUM AND REPRESENT "CONTINUITY" OR "HISTORICAL PERSPECTIVE" OR -- AT THE VERY LEAST -- "PRODUCTIVE OLD AGE," WHICH IS THE NEW "IN" PHRASE.

OF COURSE, TEN YEARS AGO, YOUR INVITATION WOULD HAVE BEEN RECEIVED AT MY OFFICE WITH QUIZZICAL LOOKS AND THE STAFF WOULD HAVE RECOMMENDED THAT THE SURGEON GENERAL POLITELY DECLINE. YOUR CONFERENCE WOULD NOT HAVE BEEN CONSIDERED A PRIORITY EVENT FOR THE S.G. TO ADDRESS.

BUT MUCH HAS HAPPENED OVER THE PAST FEW YEARS. AND LAW AND PUBLIC HEALTH HAVE BECOME MUCH MORE RELEVANT TO EACH OTHER. WE'VE DISCOVERED THAT WE NEED EACH OTHER BECAUSE, FRANKLY, THE COUNTRY NEEDS US WORKING TOGETHER IN ORDER THAT WE MIGHT RESPOND TO EVENTS THAT DEEPLY DISTURB THE AMERICAN PEOPLE.

THIS IS THE FEELING I HAD TWO YEARS AGO, IN OCTOBER 1985, WHEN I CONVENED A "SURGEON GENERAL'S WORKSHOP ON VIOLENCE AND PUBLIC HEALTH" IN LEESBURG, VIRGINIA. IT WAS THE FIRST ONE OF ITS KIND.

THE GENESIS FOR THAT WORKSHOP WAS MY SENSE THAT IT WAS TIME MY COLLEAGUES IN THE HEALTH AND MEDICAL PROFESSIONS -- DOCTORS, NURSES, PSYCHOLOGISTS, AND OTHERS -- BEGAN TO RECOGNIZE THAT INTERPERSONAL VIOLENCE -- AND DOMESTIC VIOLENCE IN PARTICULAR -- WERE ISSUES THAT BELONGED TO THEM AS MUCH AS THEY BELONGED TO THE POLICE AND THE COURTS.

THERE WERE ABOUT 170 PARTICIPANTS, ALL INVITED BY NAME. AFTER TWO DAYS OF INTENSIVE DISCUSSION AND MEDIATION THEY PRODUCED A LARGE NUMBER OF RECOMMENDATIONS...156 OF THEM. IT WAS, ALL TOLD, A VERY EXCITING AND VERY FRUITFUL MEETING.

ONE SENTIMENT APPEARED OVER AND OVER AGAIN, PHRASED DIFFERENTLY BUT SAYING ESSENTIALLY THE SAME THING:

IT WAS THAT MORE PUBLIC HEALTH PEOPLE NEEDED TO WORK CLOSELY WITH THE POLICE AND THE COURTS, IN ORDER TO PROVIDE MAXIMUM SERVICE TO VICTIMS OF CRIME...AND ALSO IN ORDER TO BRING THE PERPETRATORS OF CRIME BEFORE THE BAR OF JUSTICE.

THAT RECOMMENDATION MADE A LOT OF SENSE, AND I FOLLOWED THROUGH ON IT AFTER THE LEESBURG WORKSHOP WAS OVER.

FORTUNATELY, I HAD A SYMPATHETIC EAR AT THE JUSTICE DEPARTMENT. MRS. LOIS HERRINGTON WAS ASSISTANT ATTORNEY GENERAL AT THAT TIME. SHE AND I SIGNED AN AGREEMENT A FEW MONTHS LATER, IN MAY OF 1986, TO JOINTLY CARRY OUT A "LAW/HEALTH INITIATIVE ON DOMESTIC VIOLENCE."

UNDER THE TERMS OF THAT INITIATIVE, EACH OF US PLEDGED TO SENSITIZE OUR RESPECTIVE DEPARTMENTS AND CONSTITUENCIES ABOUT THE NEEDS AND INTERESTS OF THE OTHER.

SINCE THAT TIME, WE'VE HAD A NUMBER OF EXAMPLES OF INTERDEPARTMENTAL AND INTER-DISCIPLINARY COOPERATION.

ONE OF THE EARLIEST PROJECTS IS A STUDY OF FAMILY VIOLENCE IN THE CITY OF ATLANTA, GEORGIA. OUR PUBLIC HEALTH PERSONNEL IN THE CENTERS FOR DISEASE CONTROL HAVE BEEN WORKING CLOSELY WITH MR. GEORGE NAPPER, ATLANTA'S VERY ABLE COMMISSIONER OF PUBLIC SECURITY.

THE ATLANTA PROJECT IS INTERESTING BECAUSE IT IS DOCUMENTING THE RANGE OF PUBLIC AND PRIVATE AGENCIES CONTACTED BY BOTH VICTIMS AND PERPETRATORS OF FAMILY VIOLENCE. THEY'RE LOOKING AT THE ROLE PLAYED NOT ONLY BY THE POLICE AND THE COURTS, BUT ALSO BY HOSPITAL EMERGENCY ROOMS, CHILD PROTECTIVE SERVICES, WOMEN'S SHELTERS, FOSTER CARE, AND SO ON.

YOU AND I TEND TO SEE THE SERVICE DELIVERY SYSTEM FROM OUR OWN RELATIVELY NARROW PERSPECTIVE. BUT THAT'S QUITE DIFFERENT FROM THE VIEW OF THE PEOPLE CAUGHT UP IN THE FLOW OF SERVICES AND OF EVENTS.

I THINK THE ATLANTA PROJECT WILL HELP GIVE US ALL SOME DIRECTION TOWARD BETTER INTER-SERVICE COLLABORATION AND COOPERATION.

ANOTHER PROJECT IS BEING CARRIED OUT IN DETROIT, MICHIGAN, WHICH WAS THE COUNTRY'S LEADING CITY IN HOMICIDES, UNTIL MIAMI PUSHED IT INTO SECOND PLACE.

MOST OF YOU KNOW, I'M SURE, OF THE RECENT ACTION BY THE DETROIT CITY COUNCIL TO BAN THE CARRYING OF FIREARMS IN PUBLIC. FOLLOWING UP ON THE ENACTMENT OF THAT ORDINANCE, WE'RE LOOKING AT THE EFFECT ON THE CITY'S DEPARTMENTS OF HEALTH AND LAW ENFORCEMENT.

WE'RE WORKING WITH TWO TOP-NOTCH CIVIL SERVANTS UP THERE: POLICE CHIEF WILLIAM L. HART AND DR. JOHN B. WALLER, THE DIRECTOR OF THE DETROIT HEALTH DEPARTMENT.

YOU MAY REMEMBER THAT CHIEF HART HAD BEEN THE CHAIR OF THE ATTORNEY GENERAL'S TASK FORCE ON FAMILY VIOLENCE A COUPLE OF YEARS AGO, AND JAY WALLER HAD CHAIRED THE WORK-GROUP ON HOMICIDE PREVENTION AT OUR LEESBURG WORKSHOP.

WE HOPE THAT THIS DETROIT PROJECT WILL GENERATE SOME HARD DATA ON THE HAND-GUN ISSUE, WHICH CONTINUES TO BE A VERY EMOTIONAL ONE IN THIS COUNTRY.

A THIRD INTERDISCIPLINARY PROJECT IS GOING ON IN MY OWN IMMEDIATE OFFICE. WE'RE IN THE PROCESS RIGHT NOW OF DEVELOPING A SURGEON GENERAL'S STATEMENT CONCERNING THE HANDLING OF VICTIMS OF CHILD SEXUAL ABUSE. THE PROJECT IS ACTUALLY SUPPORTED BY THE OFFICE FOR VICTIMS OF CRIME OF THE DEPARTMENT OF JUSTICE, WHICH ASKED ME TO LEND A HAND IN THIS ISSUE.

WHEN THE DOCUMENT IS COMPLETE, I WILL SEND IT AS A KIND OF "EXTENDED LETTER" TO MY COLLEAGUES IN MEDICINE, NURSING, AND PUBLIC HEALTH. IT'S NOT MEANT AS AN OFFICIAL FEDERAL GUIDELINE, BUT RATHER AS AN "ADVISORY OPINION" FROM THE SURGEON GENERAL.

BOTH THE JUSTICE DEPARTMENT AND PUBLIC HEALTH SERVICE HOPE THAT THE NET EFFECT OF THIS "LETTER" WILL BE TO INCREASE THE LEVEL OF COOPERATION AND COLLABORATION BETWEEN PUBLIC HEALTH AND MEDICAL PEOPLE, ON ONE HAND, AND LAW ENFORCEMENT AND SOCIAL SERVICES PEOPLE ON THE OTHER.

WE ALSO HOPE IT WILL CONTRIBUTE TO BETTER SERVICE FOR CHILD VICTIMS AND THEIR FAMILIES AND TO MORE CONVICTIONS THAT STICK AMONG THE PERPETRATORS OF THIS HEINOUS TYPE OF CRIME...AND THAT IT WILL ALSO HELP PROTECT INNOCENT PEOPLE WHO ARE FALSELY ACCUSED.

IN THE COURSE OF DEVELOPING THIS DOCUMENT, IT'S BEEN MY GOOD FORTUNE TO HAVE HAD SUPERIOR COURT JUDGE JEAN MATUSINKA OF LOS ANGELES AND JUVENILE COURT JUDGE DAVID GROSSMAN, FROM RIGHT HERE IN CINCINNATI, AS TWO KEY ADVISORS.

I BELIEVE I'M THE FIRST SURGEON GENERAL WHO HAS ACTUALLY SOUGHT THE ADVICE OF OFFICERS OF THE COURT IN A MAJOR PUBLIC HEALTH MATTER. AND I FEEL GOOD ABOUT THAT.

AND I COULD ALSO BE THE FIRST SURGEON WHO EVER VOLUNTARILY SOUGHT THE ADVICE OF ANYONE IN THE LEGAL PROFESSION AND HAS ACTUALLY FOLLOWED IT. SO YOU SEE HOW TIMES HAVE CHANGED.

THESE KINDS OF EFFORTS PRODUCE A GENERALLY HEIGHTENED SENSITIVITY AMONG ALL PROFESSIONALS AND THAT, TOO, IS BENEFICIAL.

FOR EXAMPLE, IN PREPARING FOR THIS PRESENTATION, I TALKED WITH OUR PEOPLE IN C.D.C. AND THEY MENTIONED THAT THE JUSTICE DEPARTMENT IS REVISING AND UPDATING ITS NATIONAL CRIME SURVEY AND THE F.B.I.'S UNIFORM CRIME REPORTING SYSTEM. APPARENTLY, SOME OF THE CHANGES WILL GENERATE NEW INFORMATION THAT WILL BE ESPECIALLY RELEVANT FOR RESEARCHERS IN PUBLIC HEALTH.

I'M ABSOLUTELY CONVINCED THAT BRINGING MEDICAL AND HEALTH PERSONNEL INTO CLOSER COLLABORATION WITH LAW ENFORCEMENT AND COURT PERSONNEL IS A GOOD THING TO DO. WE'VE DONE IT...AND WE KNOW IT WORKS.

AS I INDICATED, OUR APPROACH TO THE JOINT "LAW/HEALTH INITIATIVE" IS MORE THAN THEORY. IT'S A PRO-ACTIVE INITIATIVE WITH PROJECTS ALREADY GOING ON...AND OTHERS ALREADY BEING PLANNED.

FOR EXAMPLE, I'M APPALLED AT THE DATA WE HAVE CONCERNING THE CRIME OF WOMAN BATTERING. OVER A MILLION WOMEN A YEAR ARE ABUSED AND BEATEN EACH YEAR IN THEIR OWN HOMES BY HUSBANDS, EX-HUSBANDS, OR BOYFRIENDS. MANY OF THOSE WOMEN NEVER TURN TO THE POLICE OR THE COURTS, BUT INSTEAD RELY ON HOSPITAL EMERGENCY ROOMS, PUBLIC CLINICS, OR THEIR OWN FAMILY DOCTORS TO PATCH THEM UP AND KEEP THEM GOING.

YOU NEVER SEE A BATTERED WOMAN ONCE...YOU ALWAYS SEE HER AGAIN AND AGAIN. EVEN THOUGH THERE IS SOME EVIDENCE THAT THE PROBLEM MAY BE DIMINSHING SLIGHTLY, IT STILL REPRESENTS A MAJOR BURDEN TO THE HEALTH SYSTEM OF THIS COUNTRY.

BATTERED WOMEN NOT ONLY NEED MEDICAL HELP AT THE TIME OF THE ASSAULT, THEY ALSO NEED US LATER, WHEN THEY RETURN BECAUSE OF ABUSE-RELATED ALCOHOLISM AND DRUG ADDICTION...MISCARRIAGES AND ABORTIONS ...HYPERTENSION AND COLITIS, AND A WHOLE RANGE OF IMMOBILIZING NEUROSES.

I BELIEVE IT'S TIME FOR MY COLLEAGUES IN EMERGENCY MEDICINE, IN GYNECOLOGY, AND IN FAMILY MEDICINE TO TAKE OFF THEIR BLINDERS AND DEAL CANDIDLY WITH THE ISSUE OF SPOUSE ABUSE, OR WOMAN BATTERING.

FOR TOO LONG IT HAS BEEN THE PRACTICE FOR HEALTH WORKERS TO IGNORE THE CLEAR VISUAL AND EMOTIONAL SIGNALS SENT OUT BY A WOMAN PATIENT WHO HAS BEEN ABUSED. WE'VE SAID, "IT'S NOT MY PROBLEM. LET HER GO TO THE POLICE. THEY'LL HANDLE IT." AND WE'VE PATCHED HER UP AND SENT HER BACK HOME WITH A PRESCRIPTION AND A WARNING TO "BE MORE CAREFUL NEXT TIME."

BUT WE CAN NO LONGER IGNORE THE FACT THAT THE RECURRING CYCLE OF WOMAN BATTERING TENDS TO ESCALATE AND VERY OFTEN ENDS IN A HOMICIDE... USUALLY THE WOMAN'S.

SO WE NEED TO DO A BETTER JOB AS PROVIDERS OF HEALTH CARE TO THIS GROUP OF VULNERABLE AND ENDANGERED PATIENTS: ABUSED AND BATTERED WOMEN.

AND WE NEED THE HELP OF THE COURTS AND OF LAW ENFORCEMENT.

IT WOULD CERTAINLY HELP IF THE CRIMINAL JUSTICE SYSTEM -- IN EVERY JURISDICTION -- ACKNOWLEDGED THAT RAPE AND SEXUAL ASSAULT ARE INDEED CRIMES OF VIOLENCE AND THAT THE PERPETRATOR OF SUCH A CRIME MUST BE BROUGHT TO JUSTICE. AND THAT SHOULD HAPPEN, REGARDLESS OF THE RELATIONSHIP -- PAST OR PRESENT -- BETWEEN THE PERPETRATOR AND THE VICTIM.

OBSTETRICIANS WHO IGNORE THE PHYSICAL SIGNS OF BATTERING AMONG ANY OF THEIR PREGNANT PATIENTS ARE PRACTICING BAD MEDICINE.

AND JUDGES WHO TRIVIALIZE FAMILY VIOLENCE -- ESPECIALLY THE CRIMES OF WOMAN BATTERING AND SEXUAL ASSAULT -- ARE PRACTICING BAD LAW.

YOU AND I HAVE GOT TO CHANGE THAT. AND WE OUGHT TO START NOW.

I'VE TALKED A BIT ABOUT OUR PUBLIC HEALTH INTEREST IN THE ISSUE OF FAMILY VIOLENCE AND I COULD CONTINUE IN THIS VEIN FOR A GOOD DEAL LONGER. BUT INSTEAD OF THAT, IN THE FEW MINUTES I HAVE REMAINING, I'D LIKE TO TOUCH UPON THREE ISSUES IN WHICH BOTH THE LAW AND PUBLIC HEALTH HAVE AN INTEREST.

THE ISSUES CONCERN FAMILY, CHARITY, AND EQUITY.

TO BEGIN WITH, I BELIEVE THE AMERICAN PEOPLE ARE NOT REALLY HAPPY WITH THE PRESENT AMBIVALENCE WE HAVE FOR THE WORD "FAMILY."

WE'VE WANTED TO LIBERATE OURSELVES FROM THE FAMILY CLICHES AND STEREOTYPES OF THE PAST. AND, ON THE FACE OF IT, THAT'S PROBABLY NOT A BAD IDEA.

BUT I THINK WE'VE LOST OUR WAY IN THE EVOLUTIONARY PROCESS. WE KNOW WHAT WE'RE EVOLVING FROM...BUT WE DON'T YET KNOW WHAT KIND OF STRUCTURE OR SET OF HUMAN RELATIONSHIPS WE'RE EVOLVING TO.

I'VE ALWAYS CONSIDERED MYSELF TO BE "PRO-FAMILY." I BELIEVE VERY STRONGLY IN THE FAMILY VALUES OF RESPONSIBILITY AND LOYALTY AND MUTUAL LOVE AND RESPECT.

BUT THOSE VALUES ARE ALL UNDER GREAT STRESS THESE DAYS, AS IS THE CONTEMPORARY FAMILY ITSELF...HOWEVER YOU DEFINE IT. AND THAT WORRIES ME, SINCE SO MUCH OF THE HARMONY OF COMMUNITY LIFE IN THIS COUNTRY HAS SPRUNG FROM AN ESSENTIAL HARMONY IN FAMILY LIFE.

THOSE HARMONIES SEEM TO BE FADING...AND I DON'T SEE OR HEAR ANYTHING TO REPLACE THEM.

THAT'S AN ISSUE FOR ALL AMERICANS, I WOULD SAY. BUT IT'S ALSO AN ISSUE THAT TRANSLATES INTO ANTI-SOCIAL AND ANTI-PERSONAL BEHAVIOR... AND THAT MEANS MORE PRESSURE ON OUR SYSTEMS OF JUSTICE AND PUBLIC HEALTH.

ANOTHER ISSUE IS RELATED TO THE FAMILY ISSUE, BUT WITH A DIFFERENT SLANT. IT'S THE ISSUE OF SOCIAL RESPONSIBILITY OR SOCIAL CARING. IN THE OLD DAYS IT WAS KNOWN AS "CHARITY," BUT THE WORD "CHARITY" HAS FALLEN OUT OF FAVOR, SO I'LL USE "SOCIAL RESPONSIBILITY" INSTEAD.

I WRESTLED WITH THIS PROBLEM IN REFERENCE TO "BABY DOE." I FIRMLY BELIEVE THAT WE WERE CORRECT IN ASSERTING THE STATE'S RIGHT TO INTERVENE AND PROTECT THE LIFE OF A HANDICAPPED INFANT.

BUT THERE'S STILL SOME DISCOMFORT AMONG OUR FELLOW CITIZENS ABOUT THE RIGHT OF THE STATE TO DO THAT. AND I THINK MANY PEOPLE ARE ALSO UNCOMFORTABLE ABOUT THE STATE EXERCISING ITS RIGHT IN THE NAME OF THE PEOPLE.

I'M CONCERNED ABOUT THIS BECAUSE THE ISSUE GOES FAR BEYOND "BABY DOE." IT TOUCHES ON "GRANNY DOE," SOMEONE WE HAVEN'T DEALT WITH YET BUT WHO, I'M SURE, IS WAITING OUT THERE SOME PLACE FOR OUR ASSISTANCE.

AND I'M CONCERNED BECAUSE BOTH MEDICINE AND THE LAW HAVE GIVEN NEW LIFE -- LITERALLY AND FIGURATIVELY -- TO PEOPLE WHO, IN FORMER YEARS, WOULD NOT HAVE BEEN SO VISIBLE...OR WHO MIGHT NOT HAVE BEEN PRESENT AT ALL.

THE LIST WOULD INCLUDE HANDICAPPED OR DISABLED CHILDREN AND ADULTS...THE CHRONICALLY MENTALLY ILL...THE FRAIL ELDERLY...THE HOMELESS PERSON...AND NOW A NEW CATEGORY, THE "HIGH-RISK" PERSON.

THIS IS THE CATEGORY OF PEOPLE WHO ARE MOST LIKELY TO HAVE OR TO GET AIDS. THEY TEND TO DO THINGS THAT THE MAJORITY OF AMERICANS DON'T USUALLY DO, WHETHER IT'S A SEXUAL ACTIVITY OR A DRUG-RELATED ACTIVITY.

I'VE REPEATEDLY ASKED THE COUNTRY TO JOIN ME IN FIGHTING A DISEASE...NOT THE PEOPLE WITH THE DISEASE. AND PRESIDENT REAGAN, IN HIS SPEECH BEFORE THE AMERICAN FOUNDATION FOR AIDS RESEARCH LAST MAY, SAID THE SAME THING.

BUT THIS NOTION IS ACCEPTED GRUDGINGLY, FOR THE MOST PART, AND I FIND IT OUT OF CHARACTER WITH THE REST OF OUR HISTORY AS A SOCIETY. WE'VE ALWAYS BEEN MORE GENEROUS AND MORE CHARITABLE THAN THAT.

IF WE BEGIN TO CATEGORIZE PEOPLE WITH PROBLEMS AS PRESENTING ONE OR ANOTHER KIND OF "BURDEN" ON THE REST OF THE SOCIETY, THAN I BELIEVE OUR SYSTEM OF JUSTICE IS THREATENED AND THE FUNDAMENTAL ETHIC OF HEALTH CARE IS SIMILARLY THREATENED.

I DON'T MEAN TO BE ALARMIST ABOUT IT, BUT I'LL TELL YOU THAT THIS IS A MATTER OF SOME CONCERN TO ME.

AND FINALLY, A THIRD AND RELATED ISSUE IS THE ISSUE OF EQUITY IN OUR SOCIETY. I'M NOT TALKING ABOUT THE FINANCIAL TYPE. I'M TALKING ABOUT THE EQUITY -- OR LACK OF IT -- IN HUMAN RELATIONSHIPS, BETWEEN MEN AND WOMEN, BETWEEN ADULTS AND CHILDREN, AND BETWEEN THE ELDERLY AND EVERYONE ELSE.

MY AWARENESS OF THIS ISSUE GOES BACK TO THAT LEESBURG WORKSHOP I SPOKE OF A FEW MOMENTS AGO. MANY PARTICIPANTS THERE -- ESPECIALLY THE WOMEN'S ADVOCATES -- SPOKE FEELINGLY ABOUT THE NEED FOR WOMEN TO BE "EMPOWERED" TO DO THINGS OR TO BE THINGS IN OUR SOCIETY. IT WAS A PLEA FOR BRINGING THE LEVEL OF POWER AMONG WOMEN UP TO THE LEVEL OF POWER HELD BY MEN IN OUR SOCIETY.

I UNDERSTOOD THEIR ARGUMENT, BUT I'M STILL UNCOMFORTABLE WITH THE POWER EQUATION. I'D JUST AS SOON MEN AND WOMEN NOT KEEP ESCALATING LEVELS OF POWER AS IF THEY WERE ARMED COUNTRIES.

BUT THAT'S BESIDE THE POINT. THE REAL ISSUE, IT SEEMED TO ME, WAS THAT MEN AND WOMEN DO NOT GENERALLY INTERACT AS EQUALS, AND MEN IN PARTICULAR TEND NOT TO TREAT WOMEN EQUITABLY.

IN THE Milder FORMS OF THIS PROBLEM WOMEN ARE STRESSED, FRUSTRATED, AND ANGERED. IN MORE SEVERE FORMS, THEY ARE PHYSICALLY, EMOTIONALLY, AND PSYCHOLOGICALLY VICTIMIZED.

I WAS SHOCKED TO LEARN, FOR EXAMPLE, THAT IN A RECENT NATIONAL SAMPLE OF YOUNG MEN IN COLLEGE, 25 PERCENT OF THEM HAD COMMITTED -- OR HAD ATTEMPTED TO COMMIT -- A SEXUALLY VIOLENT ACT AGAINST A FEMALE COMPANION.

THAT'S A CRIMINAL ACT, BUT THOSE YOUNG MEN DIDN'T SEE IT AS SUCH. TO THEM, THEIR BEHAVIOR WAS MERELY PART OF THE "GAME" OF MALE-FEMALE RELATIONS.

CLEARLY SOMETHING IS WRONG IN OUR SOCIETY WHEN SUCH A SIZABLE PERCENTAGE OF AN ENTIRE GENERATION OF YOUNG MEN RESPOND TO YOUNG WOMEN THIS WAY.

WE HAVE A SIMILAR SITUATION IN REFERENCE TO CHILDREN. THE STATISTICS FOR CHILD ABUSE AND CHILD SEXUAL ABUSE ARE -- TO ME, AT LEAST -- CLEAR INDICATIONS OF THE EXTENT TO WHICH SOME ADULTS STILL LOOK UPON CHILDREN AS PROPERTY, EVEN AS PLAYTHINGS.

AND THE REST OF SOCIETY SEEMS TO HAVE TROUBLE FOCUSING ON THIS.

I'M SURPRISED, FOR EXAMPLE, AT THE DIFFICULTY MANY PEOPLE IN BOTH LAW AND PUBLIC HEALTH ARE HAVING GETTING THEIR COMMUNITIES TO LOOK MORE CLOSELY AT INFANT AND CHILD DEATHS. THEY SUSPECT THAT FEWER OF THESE DEATHS ARE REALLY "ACCIDENTS." AND THEY BELIEVE THAT MANY OF THE SO-CALLED ACCIDENTAL INFANT DEATHS WOULD BE RECOGNIZED AS HOMICIDES, IF ONLY THEY COULD HOLD THE INTEREST OF THE COMMUNITY.

I WAS A VERY HAPPY MAN IN THOSE DAYS WHEN I WAS A PRACTICING PEDIATRIC SURGEON. I FELT THAT I WAS DOING SOMETHING TO HELP CHILDREN GET A FAIR SHAKE FROM THE HEALTH CARE SYSTEM.

BUT I CAN TELL YOU THAT I ALSO HAD MANY MOMENTS WHEN I SIMPLY DID NOT BELIEVE THAT THE CHILD WHOM I WAS EXAMINING HAD REALLY MET WITH AN "ACCIDENT." AND I AM HAUNTED BY THE CHILDREN WHO OUGHT TO HAVE WON MY ATTENTION AND MY PROTECTION AT THE TIME...BUT PERHAPS I LET THEM DOWN.

AND I'VE OFTEN ASKED MYSELF WHY. AND THE ANSWER THAT MAKES THE MOST SENSE IS THAT, WHEN I LOOKED AT THE PARENT AND TRIED TO SEE HIM OR HER AS THE GUILTY PARTY, I SAW ANOTHER ADULT...SOMEONE LIKE ME... SOMEONE WHO OBVIOUSLY "KNOWS BETTER," AND I DISMISSED THE EVIDENCE OF MY OWN HANDS AND EYES.

I THINK THERE IS A KIND OF CONSPIRACY OF ADULTS AGAINST CHILDREN ...AND WE OUGHT TO BE ASHAMED OF OURSELVES.

BUT I WANT MORE THAN ADULT CONTRITION AND CONFESSIONS OF GUILT. I WANT ADULTS TO CHANGE THE WAY THEY ACT TOWARD CHILDREN. I WANT THEM TO SEE CHILDREN AS HUMAN BEINGS DESERVING OF LOVE AND RESPECT... DESERVING OF EQUITY IN ALL THEIR HUMAN RELATIONSHIPS.

I DON'T THINK IT'S TOO MUCH TO ASK. IN FACT, IT STRIKES ME AS BEING AN IRREDUCIBLE MINIMUM.

AND THE SAME IS THE CASE FOR OUR ELDERLY. I THINK WE STILL SEE OLD PEOPLE AS SOMEHOW "LESS THAN" TOTAL PERSONS. AND MAYBE CLINICALLY YOU CAN SAY THAT FOR SOME OLDER PEOPLE. THEY MAY NOT HAVE THE VISION OR THE HEARING OR THE STRENGTH OR THE MEMORY THEY ONCE HAD.

BUT THEIR ESSENTIAL HUMANITY REMAINS WITH THEM ALWAYS. AND IT OUGHT TO BE RECOGNIZED AND TREATED EQUITABLY IN THE COURSE OF ALL HUMAN INTERACTIONS.

EQUITY IS A PECULIAR THING TO BRING UP BEFORE AN AUDIENCE OF JUDGES AND SOCIAL SERVICE PROFESSIONALS IN THIS, THE MOST EQUITABLE AND EQUALITY-CONSCIOUS SOCIETY ON EARTH...AND POSSIBLY IN HISTORY.

BUT BECAUSE WE ARE FARTHER ALONG THAN OTHERS DOES NOT MEAN WE'VE MOVED AS FAR ALONG AS WE OUGHT TO. AND THAT'S MY CONCERN IN THIS THIRD ISSUE, THE EQUITY ISSUE.

I THINK WE AMERICANS, BY LAW AND BY TRADITION, ARE ABLE TO DO BETTER THAN WE'RE NOW DOING -- AND I'M IMPATIENT FOR THE IMPROVEMENTS TO BEGIN.

AS I SAID EARLIER, I WILL ONLY TOUCH UPON THE ISSUES OF FAMILY, CHARITY, AND EQUITY THIS MORNING. I COMMEND THEM TO YOU FOR EXPLORATION IN MUCH MORE DEPTH.

AND NOW, A CLOSING WORD.

ACTUALLY, IT'S NOT MINE BUT IT BELONGS TO A FINE PHYSICIAN, PSYCHOLOGIST, AND PHILOSOPHER, DR. WILLIAM JAMES.

THIS COMES FROM A COLLECTION OF HIS WORK TITLED, ESSAYS ON FAITH AND MORALS. IN ONE OF THE PIECES, CALLED "THE WILL TO BELIEVE," HE SPEAKS OF HOW YOU DEAL WITH "MORAL QUESTIONS."

"SCIENCE CAN TELL US WHAT EXISTS," SAYS JAMES, BUT AS TO THE WORTH OF WHAT EXISTS, "WE MUST NOT CONSULT SCIENCE, BUT...OUR HEART."

AND HE GOES EVEN FURTHER:

"IF YOUR HEART DOES NOT WANT A WORLD OF MORAL REALITY, YOUR HEAD WILL ASSUREDLY NEVER MAKE YOU BELIEVE IN ONE."

IN OTHER WORDS, AS YOU AND I AND OUR COLLEAGUES IN HEALTH AND LAW MOVE FORWARD ON THE MANY ISSUES AFFECTING THE QUALITY OF AMERICAN LIFE, WE MUST BE SURE THAT OUR HEARTS ARE IN IT...OR, MORE THAN THAT, OUR HEARTS MUST TELL US THAT THIS IS REALLY WHAT WE HAVE TO DO.

THERE ARE LIMITS TO WHAT MEDICINE AND THE LAW CAN TELL US. AND WHEN ALL IS SAID AND DONE, WE'LL GO OUT AND DO THE RIGHT THINGS FOR NO OTHER REASON THAN OUR FEELING THAT THEY'RE SIMPLY THE RIGHT THINGS TO DO.

I STILL HAVE TWO YEARS TO GO IN MY SECOND TERM AS YOUR SURGEON GENERAL. I STILL HAVE SOME GOOD THINGS I WANT TO DO. THE FACTS AND THE SCIENCE AREN'T ALL IN YET, BUT MY HEART TELLS ME IT'S TIME TO MOVE AHEAD ON THEM:

TO HELP REDUCE THE LEVEL OF VIOLENCE, ESPECIALLY FAMILY VIOLENCE
...TO STRENGTHEN FAMILY LIFE...TO REVIVE THE SPIRIT OF CHARITY
...AND TO RECOGNIZE THE PRINCIPLE OF EQUITY AS CENTRAL TO ALL
HUMAN RELATIONSHIPS.

THESE ARE THINGS NO ONE PERSON CAN ACCOMPLISH, AND I DON'T EVEN
PRETEND TO IT...BUT I WANT TO BE PART OF THE PROCESS.

I HOPE YOU FEEL THE SAME WAY...AND I HOPE THAT LAW AND HEALTH
WILL JOIN TO DO MANY OF THOSE GOOD THINGS FOR THE AMERICAN PEOPLE...
TOGETHER.

THANK YOU.

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